

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Cm	67614	12/15/55
O.I.P.E. CLASSIFIER	SW	32	12/81
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	gw	64830	1-1

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 . ..... Restricted

N ..... Abandoned  
 I ..... Reference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	12/10/50
2	✓	✓	12/10/50
3	✓	✓	12/10/50
4	✓	✓	12/10/50
5	✓	✓	12/10/50
6	✓	✓	12/10/50
7	✓	✓	12/10/50
8	✓	✓	12/10/50
9	✓	✓	12/10/50
10	✓	✓	12/10/50
11	✓	✓	12/10/50
12	✓	✓	12/10/50
13	✓	✓	12/10/50
14	✓	✓	12/10/50
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16	✓	✓	12/10/50
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here